



EXHIBIT 21
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HB Comm Services

Aspen Meadows
3155 Avenue C
Billings, Montana 59102

To: Public Health and Human Services Appropriations Subcommittee

From: Anne Gonzalez
Director, Continuing Care Services

Date: January 25, 2007

Subject: Home and Community Based Services

For the record, I am Anne Gonzalez, Director of Continuing Care Services a Billings Clinic. I am testifying today in support of the Department of Public Health and Human Services (DPHHS) request for funding to expand existing Home and Community Based Waiver (HCBW) Program slots.

As you know, the HCBW Program serves approximately 1500 Montanans with the goal of providing services to allow individuals, who would otherwise be institutionalized, to live in their own home and community. As one of the first such programs in the United States, the Senior and Long Term Care Division has been successful in reducing Medicaid nursing home occupancy and improving the quality of life for hundreds of elderly and disabled individuals.

Unfortunately, the number of individuals served in the HCBW Program is limited by the availability of funds. Each HCBW team has a fixed number of "slots" to serve the ever-growing population in need. Most teams have extensive waiting lists of individuals who qualify; however, must wait until a funded "slot" is available before receiving much needed services. Since all persons who are eligible for HCBW services must meet the nursing home level of care criteria, those on these waiting lists are at risk for health deterioration and subsequent admission to a nursing home. Nursing home care is an entitled benefit for Medicaid recipients; therefore, the State is at potential risk of paying for nursing home care for all individuals who are waiting for HCBW services.

Billings Clinic currently provides healthcare for many HCBW Program service recipients in Billings and the surrounding region. We heartily support expanded funding to serve approximately 100 more Montanans statewide through the HCBW Program. In addition, we encourage the members of the Subcommittee to *support the appropriate additional funding to allow for* creation of new community-based programs to serve aged and disabled individuals in their homes and communities such as Programs of All-Inclusive Care for the Elderly (PACE).

PACE serves frail seniors who are dually eligible for Medicare and Medicaid and are at risk for nursing home admission. PACE programs coordinate and provide all needed preventive, primary, acute and long term care services (including medications) that enable seniors to live in the community as independently as possible. PACE is funded by combined Medicare and Medicaid capitated payment and PACE providers assume **full financial risk** for providing the **entire** range of healthcare and support services needed by PACE participants. PACE has proven to be a successful model for states throughout the nation who have experienced reduced Medicaid expenditures, improved senior quality of care outcomes and increased senior and family satisfaction.

Billings Clinic is in the process of working with the Department of Public Health and Human Services to develop a PACE program in Billings and has recently been awarded a Rural PACE Start up Grant by CMS to develop a rural PACE program in Livingston. I would be happy to answer any questions that the committee may have.

Thank you for the opportunity to provide this testimony. If you need further information, please feel free to contact me at (406) 656-8818.